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24972 7590 09/15/2004

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**NEW YORK, NY 10103-3198**

10/26/2004 MBERHE1 00000104 09806635

01 FC:2501 685.00 OP  
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OCT 22 2004

PATENT &amp; TRADEMARK OFFICE

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**Fani Malikouzakis**

(Depositor's name)

*Fani Malikouzakis*

(Signature)

October 22, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/806,635	06/04/2001	Carola Dony	HUBR- 1186 (10102735)	3339

TITLE OF INVENTION: USE OF A MELANOMA INHIBITING ACTIVITY FACTOR (MIA) FOR CARTILAGE AND BONE REPAIR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	12/15/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
ANDRES, JANET L		1646	514-002000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Fulbright & Jaworski LLP**2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Scil Technology GmbH****Martinsried, Germany**Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
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4b. Payment of Fee(s):

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 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 500624 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Norman HansonDate OCT. 22, 2004Typed or printed name NORMAN HANSONRegistration No. 30, 946

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**IN THE UNITED STATES PATENT AND TRADEMARKS OFFICE**

Applicant(s): Carola DONY et al.  
 Serial Number: 09/806,635  
 Filed: June 4, 2001  
 For: USE OF A MELANOMA INHIBITING ACTIVITY FACTOR (MIA) FOR CARTILAGE AND BONE REPAIR  
 Art Unit: 1646 Examiner: Janet L. ANDRES  
 Class-Subclass: 514-002000 Confirmation No. 3339

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**TRANSMITTAL LETTER**

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<input type="checkbox"/>	Publication Fee	\$
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		Total \$ <b><u>715.00</u></b>

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- A check in the amount of **\$715.00** is enclosed. In the event the enclosed check is unacceptable and/or insufficient to cover the required fees, or omitted, please charge our account No. 50-0624 as required.
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Respectfully yours,

Norman D. Hanson  
 Reg. No. 30,946

Duplicate copy enclosed  
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 New York, NY 10103  
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